

Kerry Healey

Lieutenant Governor

The Commonwealth of Massachusetts Department of Public Safety One Ashburton Place, Room 1301 Boston, Massachusetts 02108-1618 Phone (617) 727-3200

Robert C. Haas Secretary

Thomas G. Gatzunis, P.E. Commissioner

PSCHSG

CORI REQUEST FORM

Massachusetts Department of Public Safety has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data on owner/operators of amusement and/or traveling carnivals for licensing purposes. As an applicant I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

APPLICANT/EMPLOYMENT INFORMATION (PLEASE PRINT)		
LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APP	LICABLE)	PLACE OF BIRTH
DATE OF BIRTH SOCIAL SEC (Requested b	URITY NUMBER MOTH out not required)	ERS MAIDEN NAME
CURRENT ADDRESS		
SEX: HEIGHT:ft	in. WEIGHT:	EYE COLOR:
***THE ABOVE INFORMATION	r driver's license or Goverr	EWING THE FOLLOWING FORM OF
REQUESTED BY:	SNATURE OF CORI AUTH	HORIZED EMPLOYEE